

UNIT MODIFICATION PETITION

DO NOT WRITE IN THIS SPACE: Case No.).		Date Filed:
<u>INSTRUCTIONS</u> : A petition for unit modification petition which is not jointly filed must be served of than one exclusive representative and/or more than required. Individual employees MAY NOT file a	on all parties. Proof of n one established unit	f service must accompany is affected by the unit mo	the petition. Attach additional sheets if more
1. <u>EMPLOYER</u> (Name, address and telephone number)		Employer's agent to be contacted:	
		Title:	
		Address and telephone, if d	ifferent:
(<u> </u>		()	Ext.
Email (optional):			
2. EXCLUSIVE REPRESENTATIVE (Name, address and telephone number)		Agent to be contacted: _	
		Title:	
		Address and telephone	e, if different:
()	Ext.	()	Ext
Email (optional):			
3. <u>TYPE OF PETITION</u>			
This petition is filed pursuant to PERB Regulation(s):		
4. PETITION FILED BY: (Check one only.) Both (or all) Parties Exclusive Representative Employer	5. APPROXIMATE NUMBER OF EMPLOYEES IN THE UNIT: 6. NUMBER OF EMPLOYEES INVOLVED IN THE MODIFICATION REQUEST:		
7. <u>DESCRIPTION OF ESTABLISHED UNIT</u> :			
Los Angeles Regional Office 3530 Wilshire Blvd., Suite 1435 Los Angeles, CA 90010-2334 (213) 736-3127	Sacramento Regional Office 1031 18 th Street, Suite 102 Sacramento, CA 95814-4174 (916) 322-3198		San Francisco Regional Office 1330 Broadway, Suite 1532 Oakland, CA 94612-2514 (510) 622-1016

PERB-1405 (4/06) (Cont'd on reverse)

8. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFI	ED:			
9. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT(S), INDICATE:				
AGREEMENT/MOU EFFECTIVE DATE:	EXPIRATION DATE:			
10. <u>DESCRIPTION OF THE UNIT MODIFICATION REQUESTED</u> :				
11. STATEMENT OF REASONS FOR THE REQUEST TO MODIFY THE UNIT	<u>Γ(S)</u> :			
12 ANY OTHER ORGANIZATION(C) ENOUGH TO HAVE AN INTERPECT IN	DEDDEGENITING ANN EMDLOVEES COVEDED BY			
12. ANY OTHER ORGANIZATION(S) KNOWN TO HAVE AN INTEREST IN THIS PETITION:	REPRESENTING ANY EMPLOYEES COVERED BY			
Name of Organization:				
Address:				
Telephone: ()				
DECLARATION				
I (we) declare that the statements herein are true to the best of my knowledge and be	elief.			
NAME OF PETITIONING PARTY:				
SIGNATURE OF AUTHORIZED REPRESENTATIVE:				
Title:	Date:			
NAME OF PETITIONING PARTY:				
SIGNATURE OF AUTHORIZED REPRESENTATIVE:				
Title:	Date:			
NAME OF PETITIONING PARTY:				
SIGNATURE OF AUTHORIZED REPRESENTATIVE:				
Title:	Date:			